



WORK VISA EXP: \_\_\_\_\_ SIGHTED: Y/N  
 PASSPORT NO: \_\_\_\_\_ SIGHTED: Y/N  
 TAX FILE NO: \_\_\_\_\_ APPLIED FOR: Y/N

**PGA PERSONNEL**

*A Division of the Pastoralists & Graziers Association of WA (INC)*  
**Specialising in Rural Placements in Western Australia**

<b>POSITION APPLIED FOR:</b> (eg. Stationhand, Farmhand, Housekeeper, Governess, Cook, etc)			
1.	2.	3.	
Surname:			
First Names:		Email:	
Address:			
Phone No:		Fax:	Mobile:
Date of Birth:		Age:	Height:      Weight:
Marital Status:		No of Dependants:	Ages:
Partner's Name:		Partner's Occupation:	
Drivers Licence No.:		Expiry Date:	Classes:      Sighted: Y/N
Education Level Achieved:		Last School Attended (name):	
Qualifications/Certificates:			
Details of any Criminal Convictions:			
Police Clearance: Yes/No			
<b>EMERGENCY</b>	Surname:		First Name:
<b>CONTACT:</b>	Phone No (Home):		Phone No (Work):

<b>WORK HISTORY:</b>	<b>RELEVANT POSITIONS HELD</b>
<b>1.</b>	Company: _____ From / / To / /
	Address: _____
	Supervisor: _____ Title: _____ Phone: _____
	Your Position/Duties: _____
<b>2.</b>	Company: _____ From / / To / /
	Address: _____
	Supervisor: _____ Title: _____ Phone: _____
	Your Position/Duties: _____
<b>3.</b>	Company: _____ From / / To / /
	Address: _____
	Supervisor: _____ Title: _____ Phone: _____
	Your Position/Duties: _____
<b>LONGEST SERVING POSITION</b>	
	Company: _____ From / / To / /
	Address: _____
	Supervisor: _____ Title: _____ Phone: _____
	Your Position/Duties: _____

**277 Great Eastern Highway, Belmont WA 6104 Phone: (08) 9479 4544 Fax: (08) 9479 5343**  
**Internet Site: <http://www.pgapersonnel.org.au> Email: [emailus@pgapersonnel.org.au](mailto:emailus@pgapersonnel.org.au)**

## FACTORY HAND APPLICATION (Lobster Processing)

**PLEASE CIRCLE WHICH IS APPROPRIATE:** (eg. Nil / Some / Lots / Highly Skilled)

<b>Truck /Machine/Plant Operator:</b>			
Fork Lift:	Nil / Some / Lots / Highly Skilled	Pallet work:	Yes / No
Bob Cat:	Nil / Some / Lots / Highly Skilled	DG Licence:	Yes / No
Trucks:	Nil / Some / Lots / Highly Skilled	Configuration:	MR HR HC MC
Other:			

<b>Do you have experience with?</b>			
Freezer/Cool room work:	Yes / No	Lobster:	Live / Frozen / No
Food Packing:	Yes / No	Night/Shift Work:	Yes / No
Food Processing:	Yes / No	Running Water:	Yes / No
Allergies to Synthetic gloves/fibres:	Yes / No	Long hours Standing:	Yes / No

<b>Other Skills:</b>

<b>Other Information:</b>			
Own Transport: Yes/ No	Type:	Hobbies:	
Preferred location:		Used to cool room temperatures:	Yes / No
Casual/Permanent Work:		Used to confined areas:	Yes / No
First Aid Certificate: Yes / No	# :	Police Clearance:	Fed / State / No

<b>Two Contactable Referee's</b>	
Work Related - ( Not a relation)	Character - ( Not a relation)
Name:	Name:
Company:	Company:
Position:	Position:
Phone:	Phone:

<b>Where did you hear about PGA Personnel?</b>	
<b>I will notify PGA if and when I return to employment previously arranged by PGA.</b>	
<b>Signature:</b>	<b>Date:</b>

## Medical Questionnaire

Please note: The questions below are to assist in placing you in the correct environment.

Name: \_\_\_\_\_

- |   |          |  |          |
|---|----------|--|----------|
| 1. a) Do you smoke?   | Yes / No | b) Current daily consumption _____                         |          |
| 2. a) Do you drink alcohol?   | Yes / No | b) Current daily consumption _____                         |          |
| 3. a) Heart trouble   | Yes / No | b) Chest pains   | Yes / No |
| c) Hand injury  | Yes / No | d) Back, neck trouble                                      | Yes / No |
| e) Hernia   | Yes / No | f) Skin trouble  | Yes / No |
| g) Fits, faints, epilepsy   | Yes / No | h) Colour blindness  | Yes / No |
| i) Allergies  | Yes / No | j) Ear trouble, deafness                                   | Yes / No |
| k) Diabetes, thyroid trouble  | Yes / No | l) Broken bones, dislocations                              | Yes / No |
| m) Varicose veins   | Yes / No | n) Shortness of breath                                     | Yes / No |
| o) Persistent cough   | Yes / No | p) Dizzy spells, blackouts                                 | Yes / No |
| q) Persistent headaches   | Yes / No | r) Asthma, bronchitis, other chest problems                | Yes / No |
| s) Other bones, joint, muscle tendon trouble  | Yes / No | t) Kidney, bladder, urinary trouble                        | Yes / No |
| u) Difficulty stopping bleeding easy bruising                                       | Yes / No | v) Indigestion, stomach, bowel liver, gall bladder trouble | Yes / No |
| w) Chilblains, unusual feeling in hands/feet  | Yes / No | y) High blood pressure                                     | Yes / No |
|   |          | z) Are you a vegetarian                                    | Yes / No |
| 4. a) Any illness, drug dependency not mentioned?                                   |          |  | Yes / No |
| b) If so, what?   | _____    |  |          |
| 5. a) Any serious injury not mentioned above?                                       |          |  | Yes / No |
| b) If so, what?   | _____    |  |          |
| 6. a) Have you ever received workers compensation?                                  |          |  | Yes / No |
| b) Reason for this?   | _____    |  |          |
| 7. a) When was your last medical examination?                                       | _____    |  |          |
| 8. a) Are you currently on any medication?  |          |  | Yes / No |
| b) If so, what?   | _____    |  |          |
| 9. a) Are you receiving any other medical treatment?                                |          |  | Yes / No |
| b) If so, what?   | _____    |  |          |
| 10. a) Have you any medical conditions etc, you wish us to be aware of ?            |          |  | Yes / No |
| b) If so, what?   | _____    |  |          |
| 11. Have you had a Tetnus Booster in the last 5 years                               | _____    |  | Yes / No |
| 12. a) Do you suffer from any phobias? (eg paranoid about spiders)                  |          |  | Yes / No |
| b) Details  | _____    |  |          |
| 13. A Drug & Alcohol test may be requested, are you prepared to participate in this |          |  | Yes / No |

**The questions have been, to the best of my knowledge, answered correctly and completely.**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_